Wisconsin Department of Safety and Professional Services

P.O. Box 8935

Madison, WI 53708-8935

FAX #: (608) 261-7083 (608) 266-2112 Phone #:

Ship To: 1400 E. Washington Avenue

Madison, WI 53703 dsps@wisconsin.gov Website: http://dsps.wi.gov

E-Mail:

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR OBTAINING TEMPORARY REGISTRATION AS A REAL ESTATE APPRAISER

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- 1. Application for Temporary Registration (Form #2061)
- 2. \$85.00 Initial Credentialing Fee must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
- 3. Conviction Review Documents: (if applicable)

Applicants who have previously held a temporary permit in Wisconsin must submit the documents listed below if the prior conviction or pending charge has not been documented as approved by DSPS within the licensing biennium of 12/15/odd-12/14/odd.

First-time applicants who have been convicted of a felony, misdemeanor, or other violation of federal, state, or local law or have criminal charges currently pending must submit the documents listed below.

- 1. Convictions and Pending Charges (Form #2252) and all supporting documentation listed on the form.
- 2. \$8.00 Criminal Investigatory Bureau (CIB) Fee

If you have questions about whether these documents are required for your application, please contact <u>DSPSCredAppraiser@wi.gov</u>.

Temporary Registration Information

An Appraiser who holds a current appraiser certificate in another state may use the titles described under Wis. Stats. § 458.055 when performing an appraisal in this state, if all of the following apply:

- The appraisal is performed in a federally related transaction.
- The appraiser's practice in this state is practice of a temporary nature.
- The appraiser completes the application and pays the fee specified in Wis. Stats. § 440.05(1) and (6).

The term "practice of a temporary nature" is defined by the Department to mean the performance of one or more appraisals by an Appraiser conducted for purposes of completing a specific appraisal assignment.

If you will be performing real estate appraisals for federally related transactions in Wisconsin on a regular basis, apply for a Real Estate Appraiser credential.

You will be held accountable for compliance with the appraiser standards as specified in the Wisconsin Statutes and Administrative rules relating to the practice of real estate appraisal.

#2061 (Rev. 10/15) Ch. 458, Stats.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR TEMPORARY REGISTRATION AS A REAL ESTATE APPRAISER Under Wisconsin law the Department must deny your application if you are liable for delinquent State Tayes or Child Support (Wis. Stats. 8 440 12)

| Under Wiscons | an iaw, the Department must deny your | application if you are hable | for definquent Sta | tte Taxes of Child Support (Wis. Stats. § 440.12). | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------|--------------------|-------------------------------------------------------------------------------------------------|--|--|--|--|
| PLEASE TYPE OR PRINT IN INK Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14). | | | | | | | | |
| Last Name | | First Name | MI | Former / Maiden Name(s) | | | | |
| | | | | ., | | | | |
| | | | | | | | | |
| Address (stree | et, city, state, zip) | | · | Daytime Telephone Number | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Mailing Add | ress (if different) | | Date of Birth | | | | | |
| g | ((| | | | | | | |
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| | | T | | | | | | |
| Social Securi | ty# | Your Social Security | Number or Emplo | oyer Identification Number must be submitted with o not have a Social Security Number, you must | | | | |
| | | | | nt may not disclose the Social Security Number | | | | |
| | | collected except as au | | , , | | | | |
| Ethnicity/gen/ | der status information is optional. | | | | | | | |
| Ethnicity: | White, not of Hispanic origi | n American Indi | an or Alackan | Hispanic | | | | |
| Etimicity. | Black, not of Hispanic origin | | | Other | | | | |
| Sex: | \square M \square F | _ | | _ | | | | |
| Have you eve | r been issued a temporary registrat | tion in Wisconsin as a Rea | al Yes | ☐ No If yes, list type and your credential number: | | | | |
| Estate Appra | | | | | | | | |
| | | | | | | | | |
| E | | | | | | | | |
| Email Addre | SS | | | 1 | | | | |
| | | | | | | | | |
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| | s that involve a Federally Related T | = - | | stration in Wisconsin. | | | | |
| | ged in a Federally Related Transac | | | | | | | |
| | e a brief description of the project white residential property). | ch is part of a Federally R | elated Transacti | ion (i.e. location, approximate size, whether | | | | |
| commercial of | residentiai property). | | | | | | | |
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| | N FEES: Please check applicable box. M ch to this application. | For Receipting Use Only (10/9/4) | | | | | | |
| | Certified General Appraiser Fee (\$75 in ary permit fee) | itial credential fee and \$10 | | | | | | |
| | Certified Residential Appraiser Fee (\$7. apprary permit fee) | 5 initial credential fee and | | | | | | |
| | Licensed Appraiser Fee (\$75 initial crederry permit fee) | ential fee and \$10 | | | | | | |

#2061 (Rev. 10/15) Ch. 453, Stats.

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

| ANSW | VER THE FULLOWING | d QUESTIONS | (attach additional sheet(s | s) ii necessary) | | | |
|--------------|----------------------------------------------------------------------------------------------------|--------------------|--------------------------------------|-----------------------------------------|------------------------|----------------------|--|
| 1. | Have you ever surrende or any other jurisdiction agency. | ☐ Yes ☐ No | | | | | |
| 2. | Has any licensing or otl limited to any warning, details about the actio | ☐ Yes ☐ No | | | | | |
| 3. | Is disciplinary action pe action, including the n | ☐ Yes ☐ No | | | | | |
| 4. | Have you ever been conpending against you? I | Yes No | | | | | |
| 5. | Are you incarcerated, o including the terms of | Yes No | | | | | |
| 6. | Are you registered or li | censed in any oth | ner profession(s)? If yes, st | ate what profession(s) and in what s | tate(s): | ☐ Yes ☐ No | |
| 7. | Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: | | | | | | |
| Provid date. | e the name of each state i | n which you were | e granted a Real Estate App | raiser credential, the credential numbe | er, date granted | , and the expiration | |
| T | itle of Credential | State | License # | Date Granted | Expiration Date | | |
| | | | | | | / | |
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| | | | | | | / | |
| | | | | | | / | |
| Name | of Lender Requesting A | ppraisal | | 1 | I | | |
| | | | | | | | |
| Addre | ss of Lender Requesting | g Appraisal (stree | et, city, state, zip) | | | | |
| | | | | | | | |
| Antici | pated Starting Date: | | A | nticipated Completion Date: | | | |

Wisconsin Department of Safety and Professional Services

| CERTIFICATION OF LEGAL STATUS: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I declare under penalty of law that I am (check one): |
| ☐ A citizen or national of the United States, or |
| ☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov . |
| Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately. |
| CONTINUING DUTY OF DISCLOSURE |
| I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied. |
| AFFIDAVIT OF APPLICANT |
| I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action. |
| By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change. |
| Signature: Date: / / / |